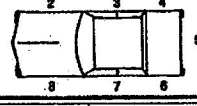
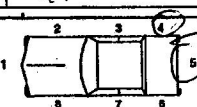


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-12112		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE																	
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input type="checkbox"/> OVER \$150 <input checked="" type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED															
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON				DATE OF CRASH: 07/17/14		DAY Thursday		TIME: MILITARY 2202									
CRASH OCCURRED ON Valgreens 909 Columbus Ave, Lebanon, Ohio 45036										WITHIN THE INTERSECTION OF															
IF NOT IN INTERSECTION										(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE 8321									
LOG-1		LOG-2		LOC		JUR		FH'9		FILT															
A		UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Grange											
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Wilson, Angela, J.										ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 292 Grandview Dr. Lebanon, Ohio 45036															
PHONE NO. 513-479-1537		BIRTH DATE 4m 11 16y		AGE 53		SEX F		SOCIAL SECURITY NO.				STATE Oh		DRIVER'S LICENSE NO. R2478422		OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME) Same										ADDRESS						PHONE									
VEH YR 2007		MAKE Chevrolet		MODEL TK 1500		COLOR Black		STYLE TK		STATE Oh		LICENSE PLATE NO. 221XTQ		TOWING SERVICE		VEH/PED DIR FROM TO									
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE															
8		UNIT NO. 2		NO OF OCCUPANTS		OPERATING <input type="checkbox"/>		PARKED <input checked="" type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Geico											
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Hamilton, Tina L.										ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 4779 Utica Rd, Waynesville, Oh 45068															
PHONE NO. 513-932-7910		BIRTH DATE 4m 28 59y		AGE 55		SEX F		SOCIAL SECURITY NO.				STATE Oh		DRIVER'S LICENSE NO. RU203979		OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME) Hamilton, Randel, E.										ADDRESS 4779 Utica Rd, Waynesville Oh 45068						PHONE 513-417-7730									
VEH YR 2000		MAKE GMC		MODEL 1500		COLOR Black		STYLE TK		STATE Oh		LICENSE PLATE NO. HCTTGO		TOWING SERVICE		VEH/PED DIR FROM TO									
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE															
C		FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE m D y		AGE		POSITION A B C D E F		INJURIES A B C D E F											
				ADDRESS				PHONE		SEX															
D		FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE m D y		AGE															
				ADDRESS				PHONE		SEX															
E		FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE m D y		AGE															
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F		FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE m D y		AGE															
				ADDRESS				PHONE		SEX															
A		B		C		INJURED TAKEN TO				By		A		B		C		D		E		F			
D		E		F		INJURED TAKEN TO				By		A		B		C		D		E		F			
A		B		C		OFFENSE CHARGED AND DESCRIPTION						1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		A		B		C		D		E		F	
D		E		F		OFFENSE CHARGED AND DESCRIPTION						1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		A		B		C		D		E		F	
A		B		C		OFFENSE CHARGED AND DESCRIPTION						1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		A		B		C		D		E		F	
D		E		F		OFFENSE CHARGED AND DESCRIPTION						1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		A		B		C		D		E		F	
A		B		C		OFFENSE CHARGED AND DESCRIPTION						1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG		A		B		C		D		E		F	
D		E		F		OFFENSE CHARGED AND DESCRIPTION								A		B		C		D		E		F	
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